

Your Health

- Are **in-store clinics** the next frontier in treatment?
- Proponents say they're **fast, affordable** and hassle-free.
- But they **don't replace** a primary care doctor.

Care in the Express Lane



Carolyn Long lives in an affluent neighborhood of Washington and has access to some of the best doctors in the country. But when she woke up with a sinus infection—the day before she was to leave on a trip—she decided to try the small MinuteClinic set up at the back of a local pharmacy, in an alcove flanked by a shelf of baby diapers and a rack of sunglasses.

By Barbara Basler

Comparing costs for treating a sore throat

Compared with primary care doctors, urgent care centers and emergency rooms, MinuteClinic proves more cost-effective.

	Cost	Savings
MinuteClinic	\$59**	
ER	\$328*	+ \$269
Urgent Care	\$130*	+ \$71
Primary Care	\$100-132*	+ \$41-63

Her visit in the tiny exam room lasted about 15 minutes. Long, 67, was so impressed with the speed and the professional care that she wrote a thank-you note to the nurse there and e-mailed her friends, recommending the clinic in glowing terms.

She's since returned to the clinic with another sinus problem. "I love my doctor, but there is no way I could have gotten in to see him in a day or two. And even when I get an appointment, I can sit in the waiting room for two hours," Long says.

Quick, affordable, bright and welcoming, the clinics are tucked inside pharmacies, discount stores and supermarkets, including CVS, Walgreens, Target, Wal-Mart and Kroger, as well as locally owned drug and grocery stores.

Today, some 300 "mini-clinics" dot the retail landscape, but experts predict that number will grow by 700 this year, and mushroom to 4,000 in the next four years.

Store signs proclaim the new concept with élan: You're Sick, We're Quick; Convenient Care When Your Doctor's Not There; Get Well Soon; Professional Care, Always There. Each new clinic appears to deliver another swift kick to America's lumbering health care system, a system that is often expensive, hard to access and more convenient for doctors than for patients.

In fact, Peter Miller, CEO and co-founder of Take Care Health, which is opening clinics in scores of Walgreens, says what's driving this new business is nothing less than "a health care system that is bursting at the seams."

'We need to solve problems for our patients, not create them.'



*SOURCES: 2005 HEALTHPARTNERS MAN COST STUDY AND MERCER B&O STUDY 2005
**REFLECTS \$49 OFFICE VISIT AND \$10 RAPID STREP THROAT TEST

'We treat common complaints ... not complicated conditions.'

In-store clinics are usually open seven days a week, with extended hours and no appointment needed.

Most are staffed by trained nurse practitioners—registered nurses often with advanced degrees [see box below].

Prices, which are clearly posted, can be up to 50 percent less than the same treatment in a doctor's office [see chart below]. And Medicare, Medicaid and numerous major insurance companies cover treatment at many of these clinics.

While some medical experts worry about the quality of care at in-store clinics, clinic companies say they treat only routine ailments using established medical guidelines.

"We have a very focused practice limited to common complaints," explains James Woodburn, M.D., chief medical officer for MinuteClinic, the largest of these companies, with 162 clinics in 19 states and plans for 300 more this year. "We do not treat complicated conditions."

"We opened our first MinuteClinic in 2002," Woodburn says, "and since then we've treated nearly 800,000 patients without a single malpractice complaint. We know what we can do and what we can't do, and we're very careful not to cross the line."

"Our exam rooms in Walgreens look just like your doctor's office," says Charles Peck, M.D., chief medical officer at Take Care. "We know if we're going to do this, we need to do it right. We need to solve problems for patients, not create them."

It's that kind of thinking that intrigues many health specialists. "Yes, let's be concerned that the quality of care delivered is appropriate and what we expect," says Richard Bohmer, who wrote about the clinics in the *New England Journal of Medicine* on Feb. 22. "But let's not just discount them out of hand because they are different from what we are used to having."

Bohmer, a doctor and senior lecturer on health care operations at Harvard University, says, "We need to be looking at all sorts of new ways to deliver health care. I want us to take a very reasoned look at this and see what it has to teach us."

A growing shortage of family doctors has left many Americans without a primary care physician, and those who do have one—like Carolyn Long—have trouble scheduling a timely or convenient appointment because few medical offices are open weekends or evenings.

Then there are the 47 million uninsured Americans who often can't afford to see a doctor. And the growing number of insured people whose employ-

Who's going to treat you?

Nurse practitioners are registered nurses who have earned a bachelor of science degree in nursing; most have at least a master's degree as well. They must be licensed by the state in which they plan to practice. State laws regulate what nurse practitioners can and cannot do. According to the American College of Nurse Practitioners, 28 states require some level of oversight by a physician.



WHAT TO KNOW

What Mini-Clinics Can Do

- Perform routine tests and screenings
- Give immunizations such as flu shots
- Write prescriptions
- Treat common ailments such as

- 1 Strep throat, colds, coughs, fever and flu, vomiting, bronchitis, laryngitis, seasonal allergies.
- 2 Ear and eye infections such as pink eye or styes.
- 3 Skin conditions such as cold sores, rashes, poison ivy, sunburn, athlete's foot, shingles.
- 4 Minor injuries, from sprains and strains to splinters.
- 5 Urinary tract infections.

What Mini-Clinics Cannot Do

- Treat serious or emergency health problems such as chest pains, major burns or deep lacerations.
- Set broken bones.
- Treat chronic conditions such as diabetes, asthma, high cholesterol or high blood pressure.
- Renew prescriptions for chronic conditions. If you run out of high blood pressure medicine, for example, you need to contact your doctor.

ers are asking them to pay more out of pocket through high deductibles.

Retail clinics are a fresh idea that sprang from this thicket of problems, with the first opening in Minnesota in 2000. While a 2005 Harris survey of 2,200 people found that only 7 percent had been to an in-store clinic, 92 percent of those who had were satisfied with the convenience and 89 percent with the care.

Some state laws require nurse practitioners to operate under a physician's supervision, so clinics tend to have local doctors on call and to review cases. Clinic chains may also have physicians available at their corporate headquarters.

RediClinic—which has 40 clinics and plans to open another 150 in the next year in Wal-Mart and some Texas supermarkets—always partners with the largest hospital in each city so doctors there can consult with the

'We're helping the system cope—not competing with it.'

clinics, says Christopher Kersey, M.D., its chief medical officer.

A spinoff of a medical testing company, RediClinic tends to place more emphasis on preventive care than most other clinics, Kersey says, with about 40 percent of its patients coming in for health screenings and

checkups, and 60 percent for illnesses.

"There is a huge pent-up demand for convenient screenings, and that's why about a third of our patients are age 50 or older," he says. "We're helping the health care system cope, not competing with it."

MinuteClinic's Woodburn agrees. In-store clinics "are there to complement a doctor's practice, not replace it."

That kind of deference has muted criticism from the medical community. Recently, rather than decry the rise of these clinics, the American Medical Association and the Kansas-based American Academy of Family Physicians suggested operating principles for them.

"The clinics are here, and we need to find ways to work with them to ensure good patient care," says AAFP President Rick Kellerman, M.D. AAFP's position is "basically that clinics should limit the scope of their treatments, be supervised by physicians and set up good communications with family doctors in the area." The largest companies—MinuteClinics, Take Care and RediClinic—have agreed to honor these recommendations.

Still, some critics fear patients may begin to use the clinics as a "medical home" instead of going to a doctor who knows them and their medical history. Clinic medical officers say they won't let that happen.

"We believe everyone should have a medical home, and we aren't a medical home," says Peck of Take Care. "At the end of every visit, if the patient tells us their physician's name, we give them a copy of their treatment record to take to their doctor. Or we can fax that record to their doctor."

If a patient doesn't have a medical home, Peck says, "we give them the names of doctors in the area... so they can establish one."

And the clinics refer patients they can't treat to others who can.

Jim Einsweiler, 65, of Elk Grove, Ill., didn't have a regular doctor when he started to get blurred vision and feel increasingly lethargic. "The last time I saw a doctor was 20 years ago when I broke my leg," he says. "I don't like going to doctors." After he refused to see a doctor, his wife persuaded him to at least go to the Take Care clinic at their local Walgreens.

The two nurse practitioners questioned him about his symptoms, then took his blood pressure—again and again. His reading was 220 over 100, Einsweiler recalls. "They said I needed to get up and go across the street to the hospital emergency room—right then."

He was admitted immediately, and within days surgeons placed stents in his heart to open three major blockages. "I keep thinking what would have happened if I had called a doctor and had to wait weeks for an appointment," he says. "Those two young women saved my life." □

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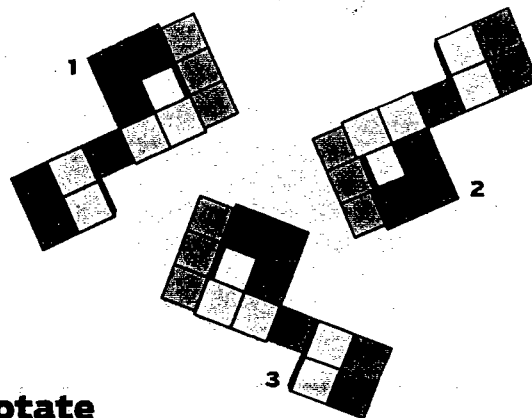
Divided we fail. To Learn More:

■ To find out if there is an in-store clinic near you or for more information, go the website of the Convenient Care Association at www.convenientcareassociation.org.

■ Go to www.dividedwefail.org to learn about AARP's campaign for long-term financial and health security. Tell us your health care story.

Brain Aerobics

Sharpen your mind



■ Rotate

In order to cope in your environment, your brain constantly analyzes objects and their relationships, including shape and spatial properties (size, location and orientation). Of the images above, two are identical and the third is a mirror image of the others. Which is the mirror image?

■ Sports Columns

Here's an exercise that trains various parts of your mind at once: your memory, knowledge of words, concentration and ability to group items logically. Sort the 20 items in this list into four kinds of sports categories and name the categories. There should be five sports in each.

AIKIDO	SURFING	HANDBALL	TAE KWON DO
WATERSKIING	WAKEBOARDING	SKIING	KARATE
BASKETBALL	RUGBY	ICE HOCKEY	WINDSURFING
LUGE	SOCCER	SNOWBOARDING	THAI BOXING
BOBSLED	SAILING	JUDO	VOLLEYBALL

■ Sudoku

Sudoku is a test of logic and patience. Fill in the grid so that the numbers 1 through 9 appear only once in every horizontal row, every vertical column and every 3x3 mini-box. Only one solution is possible. Start by scanning rows, columns and boxes to see what numbers are missing.

6		8						4
		4		1				
			2	8	4		1	9
			1			5	3	
	8		5		6		2	
	2	6			9			
9	4		7	6	5			
				3		4		
8						7		3

FROM SUDOKU TO EXERCISE YOUR MIND BY FRANK LONGO (AARP/STERLING, 2006)

■ Answers See page 38.

For a greater mental workout, go to www.aarpmagazine.org/games or www.happyneuron.com